Substitute for forms 1449A/PTO & 1449B/PTO	ATTORNEY'S DKT NO. 004501-741	APPLICATION NO. Unassigned	
FIRST INFORMATION DISCLOSURE	APPLICANT Max CLAESSENS et al		
STATEMENT BY APPLICANT	FILING DATE September 12, 2003	GROUP Unassigned	

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Examiner Initials	Document Number	Kind Code (if known)	Name of Patentee or Applicant of Cited Document		Issue/Publication Date (MM-DD-YYYY)		
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1/ English abstract.